



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/676,941
		Filing Date	September 30, 2003
		First Named Inventor	Van Beek, Petrus J. L.
		Group Art Unit	2611
		Examiner Name	N/A
Total Number of Pages in this Submission	13	Attorney Docket Number	7146.0168

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee transmittal <input type="checkbox"/> Fee attached form	<input checked="" type="checkbox"/> Assignment Papers (copy only), original recorded in the Assignment Division on the same date).	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment <input type="checkbox"/> After Final/ Response	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Declaration(s)	<input type="checkbox"/> Licensing Related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Power of Attorney,	<input checked="" type="checkbox"/> Additional Enclosures (identify below)
<input type="checkbox"/> Certified copy of Priority Documents	<input type="checkbox"/> Terminal Disclaimer	duplicate copy of this form; check in the amount of \$130; duplicate copy of fee transmittal form; and a confirmation postcard
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
Remarks: <i>Commissioner is authorized to charge any additional fee, or credit any overpayment, to Deposit Account No. 03-1550. A duplicate copy of this Transmittal Form is enclosed for purposes of use with Deposit Account No. 03-1550 as stated herein.</i>		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	Kevin L. Russell, of Chernoff, Vilhauer, McClung & Stenzel, LLP
Signature	
Date	January 16 2004

CERTIFICATE OF MAILING			
I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231			
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